

MULTIPLE DEPENDENT IM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

09/491373

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2				/		
3				/		
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43				/		
44				/		
45				/		
46				/		
47				/		
48				/		
49				/		
50				/		
TOTAL IND.	16		16			
TOTAL DEP.		89		89		
TOTAL CLAIMS		105		105		

51	/		/			
52	/		/			
53			/			
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96			/			
97			/			
98			/			
99			/			
100			/			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>091491343</u> FILING DATE _____ APPLICANT(S) _____						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1							61						
10 2							62						
10 3							63						
10 4							64						
10 5							65						
10 6							66						
10 7							67						
10 8							68						
10 9							69						
1 10							70						
1 11							71						
1 12							72						
1 13							73						
1 14							74						
1 15							75						
1 16							76						
1 17							77						
1 18							78						
1 19							79						
1 20							80						
1 21							81						
1 22							82						
123 1							83						
24							84						
25							85						
26							86						
27							87						
28							88						
29							89						
30							90						
31							91						
32							92						
33							93						
34							94						
35							95						
36							96						
37							97						
38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						